

Complaint, Grievance, and Appeals Procedure

If your Health Plan services are reduced, denied, or terminated you can

- ◆ submit a written or verbal **COMPLAINT** to the Plan;
- ◆ ask to meet with a Plan representative about your complaint;
- ◆ also, if desired, make a **COMPLAINT** with the State of Missouri by calling: **1-800-392-2161**
or writing: Recipient Services
Missouri Division of Medical Services
P.O. Box 6500, Jefferson City, MO 65102.

- ◆ If you disagree with the decision on your complaint, you may file a written **GRIEVANCE**.
 - ◆ You must do so within 90 days of the decision on your complaint.
 - ◆ The Health Plan must respond within 30 days.

- ◆ A final step, if needed, is to file a written **APPEAL**.
 - ◆ You must do so within 90 days of the decision on your grievance.
 - ◆ The Health Plan must respond within 60 days.

- ◆ If you want a second opinion you may request one by calling your Primary Care Provider or a Customer Service Representative.

For further information about this Consumer's Guide, contact:
Health Care Performance Monitoring Bureau,
Missouri Dept. of Health
P.O. Box 570, Jefferson City, MO 65102-0570
(573) 751-6279

Missouri Department of
HEALTH
Maureen E. Dempsey, M.D. – Director

The Missouri Department of Health has attempted to publish accurate information based upon common definitions. The data reported in this brochure are based on plan performance during 1998. Managed care plans were given an opportunity to review and correct the data presented. Other corrections or suggestions should be forwarded to the Center for Health Information Management and Epidemiology, Missouri Department of Health, PO Box 570, Jefferson City, MO 65102. Our telephone number is (573) 751-6279. A companion technical report, containing the data and statistical formulas used, is also available for \$10.

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1999 Consumer's Guide MC+ Managed Care in Missouri



MC+ Managed Care

MC+ Managed Care covers healthcare services for pregnant women, children, parents and anyone qualified under expanded income or family size guidelines in the Eastern (St. Louis), Central, and Western (Kansas City) regions. MC+ Managed Care members are covered only through a managed care plan. Disabled and elderly Medicaid recipients are covered *separately*, and only by Medicaid fee-for-service providers. MC+ recipients in a non-managed care region can only receive services from fee-for-service providers. Contact the Division of Medical Services for more information on fee-for-service eligibility.

Know Your Rights

As a managed care patient you have the right to:

- ◆ see your primary care provider, a physician or nurse practitioner, who provides basic health care services
- ◆ receive urgent or after hours care for necessary conditions such as burns, cuts, high fevers, etc.
- ◆ receive specialty care that is medically necessary such as surgery, therapies, etc.
- ◆ see your medical records
- ◆ be informed about what services are available to you
- ◆ have your medical condition, illness or injury be private

Know Your Responsibilities

Become familiar with the rules of your managed care plan *before* you use medical services. You have a responsibility to:

- ◆ select a primary care provider (PCP) as your regular doctor
- ◆ schedule appointments and keep them, or call to cancel
- ◆ read materials given to you and ask questions about anything you do not understand
- ◆ make sure that you follow the rules about physician referrals (if you see a specialist without a referral, you may have to pay the bill)
- ◆ use hospital emergency rooms, after hours care and urgent care facilities for emergencies or urgent conditions *only*
- ◆ eat right, exercise, get regular check-ups, don't smoke and follow your doctor's instructions

Member Services Telephone Numbers

Plan	Customer Service	RN Hotline
Blue-Advantage+Plus	888-658-3322	
Care Partners	800-684-5501	877-544-2273
Community Care Plus	800-875-0679	314-454-0055
Family Health Partners	800-347-9363	877-347-9369
FirstGuard Health Plan	888-828-5698	888-427-2286
HealthCare USA	800-566-6444	800-475-1142
HealthNet Med Missouri	800-858-2903	800-533-0844
Mercy MC+	800-796-0056	800-811-1187
Missouri Care	800-322-6027	888-884-2401
Prudential Health Care Community Plan	800-298-7625	

Eligibility and Enrollment Toll-free Numbers

If you want to know if you are eligible for MC+ Healthcare coverage, call the MC+ Service Center at this toll-free number:

888-275-5908

This office can:

- ◆ answer your questions about eligibility for healthcare coverage,
- ◆ determine your eligibility for MC+,
- ◆ mail you an MC+ application,
- ◆ process your application.

You may also contact your county Division of Family Services office for information on MC+ and other medical assistance programs.

To enroll in a specific health plan call First Health toll-free at:

800-348-6627

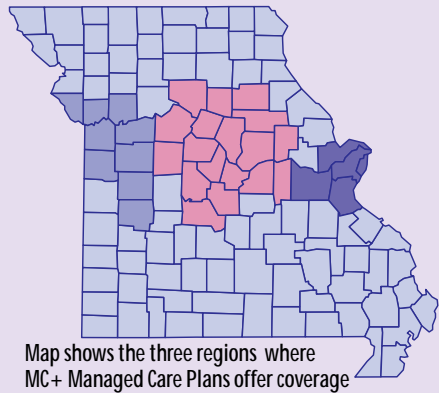
There are two state agencies you may contact about an MC+ problem

Division of Medical Services,

call: 1-800-392-2161

Department of Insurance,

call: 1-800-726-7390



Map shows the three regions where MC+ Managed Care Plans offer coverage

1999 Consumer's Guide to MC+ Managed Care in Missouri

Health Plan	Quality of Care					Reminders		Member Satisfaction					
	Early Prenatal Care	Cesarean Section	Vaginal Birth after Cesarean	Cervical Cancer Screening	Childhood Immunization	Childhood Immunization	Cervical Cancer Screening	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Courteous and Helpful Office Staff	Customer Service	Overall Rating of Health Plan
Eastern Region													
Care Partners — Eastern	●	●	●	●	●	●	○	●	●	●	●	●	●
Community Care Plus	●	●	N/A	●	○	NR	NR	●	○	○	●	●	●
Healthcare USA of Missouri — Eastern	●	●	●	○	○	●	○	●	●	●	●	●	●
Mercy MC+	○	○	N/A	○	●	○	○	●	●	●	●	●	●
Prudential Health Care Community Plan	●	●	N/A	●	●	●	●	●	●	●	●	○	●
Central Region													
Care Partners — Central*	N/A	●	N/A	—	—	●	○	N/A	N/A	N/A	N/A	N/A	N/A
Healthcare USA of Missouri — Central	●	○	●	○	○	●	○	●	●	●	●	●	●
Missouri Care*	N/A	●	●	—	—	●	●	●	●	●	●	●	●
Western Region													
Blue-Advantage+Plus	●	●	●	●	●	●	●	●	●	●	●	●	●
Family Health Partners	●	●	●	●	NR	●	○	●	●	●	●	●	●
FirstGuard Health Plan	●	●	●	●	●	●	○	●	●	●	●	●	●
HealthNet Med Missouri	●	●	●	●	●	●	○	●	●	●	●	●	●

Performance Levels

- — High/Good
- — Average
- — Low/Needs Improvement
- N/A — Numbers too small to report
- NR — Not reported by plan

Percent of mothers who had prenatal visits during the first three months of pregnancy.

Women receiving prenatal care tend to have better births and healthier babies.

Percent of mothers who delivered their baby by cesarean section.

Fewer cesarean section deliveries are better since cesarean sections require longer hospital stays and recoveries for mother and baby, and have higher costs.

Percent of mothers with prior cesarean now having a vaginal birth.

When possible, vaginal deliveries are preferred to cesarean sections. With doctor approval, most women who have had a cesarean section can safely have later births vaginally.

Percent of women (21-64) who had a Pap test in the past 3 years.

To identify possible cervical cancer at the earliest time, a Pap smear test is taken during a clinical pelvic examination.

Percent of two year-olds who got all their shots.

Recommended immunizations for two year-olds now include Hepatitis B.

Managed care plans that provide reminder calls or letters have higher immunization rates (36% vs. less than 1%) and cervical cancer screening rates (56% vs 51%) than plans that do not provide this service.

Immunization Rates



Cervical Cancer Screening Rates



No problem seeing a doctor or getting the specialist referrals I need.

Managed care does not mean reducing quality of care. Instead, health plans and physicians work with the patient to avoid unnecessary treatment and costs.

No delay getting advice, routine care, or quick treatment for illness or injury.

Managed care health plans watch how doctors deliver health services and assist them in increasing how fast you get seen and treated.

Felt doctors or nurses listen and explain things clearly, and spend enough time with me.

When physicians listen and talk things over with patients it is easier to correctly diagnose and treat patients' health needs.

Courteous and helpful office staff at doctor's office treat me with courtesy and respect and were helpful.

Good communication and caring assist in reducing any patient concerns or anxiety.

No problem with written materials, plan paperwork, or help from customer service.

Health care information and advice is an important part of reducing worry or frustration after a clinic visit.

Generally, very satisfied with my health plan.

Health plan satisfaction includes quality of care as well as non-health issues such as clinic location, transportation to and from clinic, and hours of operation.

*Started operations March, 1998. Some indicators are not applicable.